



SEMI-ANNUAL LOBBYING EXPENDITURE REPORT FOR EMPLOYERS OF LOBBYISTS

INSTRUCTIONS: This Semi-Annual Lobbying Expenditure Report is for reporting all expenditures relating to lobbying in the State of Tennessee. Pursuant to T.C.A. § 3-6-303(a), this Report is due within forty-five (45) days after the conclusion of the six-month periods ending March 31 and September 30. The Report must be filed with the Tennessee Ethics Commission, 201 4th Avenue North, Suite 1820, Nashville, TN 37243. If you have questions, please feel free to contact the Commission at (615) 253-8634 or e-mail us at ethics.counsel@state.tn.us. You must complete every item. Attach additional pages as necessary. Please note that the information listed on this Report will be posted on the Commission's website as required by T.C.A. § 3-6-303(3)(b).

- 1 a. **DATE OF DISCLOSURE** 11/5/07
- b. **REPORTING PERIOD [check box]:** ☐ October 1 – March 31 ☒ April 1 – September 30
- 2 a. **NAME OF CORPORATION/ENTITY** Murfreesboro Pharmaceutical Nursing Supply
- b. **NAME OF CEO, CFO, or TITLE AND NAME of PERSON RESPONSIBLE FOR SUPERVISING LOBBYISTS**
Richard Reeves
- 3 a. **ADDRESS** **Street or Rural Route** **City** **State** **Zip Code**
1843 Memorial Blvd
Murfreesboro, TN 37129
- b. **PHONE NUMBER** 615-895-2492
4. **LOBBYING INTERESTS**
- a. List the general subject area(s) lobbied, e.g., "healthcare," "insurance," etc.
military & veterans
nursing homes
mental health & mental retardation
health & health care
- b. Describe the general nature and interest of the entity employing or retaining lobbying services, e.g. "insurance company," "professional association," etc.
Pharmaceutical Company

RECEIVED
ETHICS COMMISSION

NOV 9 - 2007

RECEIVED

5. **TOTAL AGGREGATE LOBBYIST COMPENSATION.** The term "compensation" is defined by T.C.A. § 3-6-301(7) as "... any salary, fee, payment, reimbursement or other valuable consideration, or any combination thereof, whether received or to be received; however, 'compensation' does not include the salary or reimbursement of an individual whose lobbying is incidental to that person's regular employment."

State the aggregate total amount of lobbyist compensation paid by the employer. For purposes of the disclosure, compensation paid to any lobbyist who performs duties for the employer in addition to lobbying and related activities shall be apportioned to reflect the lobbyist's time allocated for lobbying and related activities in this state (see more detailed definitions of "Lobbying," "Administrative Action" and "Legislative Action," and exceptions thereto, in T.C.A. § 3-6-301). **Authority: T.C.A. § 3-6-303(a)(1)(A)-(K). (Check the appropriate box.)**

<input type="checkbox"/> None	<input checked="" type="checkbox"/> Less than \$10,000
<input type="checkbox"/> At least \$10,000 but less than \$25,000	<input type="checkbox"/> At least \$25,000 but less than \$50,000
<input type="checkbox"/> At least \$50,000 but less than \$100,000	<input type="checkbox"/> At least \$100,000 but less than \$150,000
<input type="checkbox"/> At least \$150,000 but less than \$200,000	<input type="checkbox"/> At least \$200,000 but less than \$250,000
<input type="checkbox"/> At least \$250,000 but less than \$300,000	<input type="checkbox"/> At least \$300,000 but less than \$350,000
<input type="checkbox"/> At least \$350,000 but less than \$400,000	<input type="checkbox"/> \$400,000 or more, round the aggregate total to the nearest fifty thousand dollars (\$50,000): _____

6. **LOBBYIST NAMES.** List the names of the individual lobbyists who rendered services in the State of Tennessee. Indicate whether they are employed within your organization by checking the "In-House Lobbyist" box. Attach additional pages as needed. **Authority: T.C.A. § 3-6-303(a)(1).**

LOBBYIST NAME

Jon Moffett
Randy Botton

IN-HOUSE LOBBYIST

☐
☐
☐
☐

7. LOBBYING-RELATED EXPENDITURES

NOTE: For the purposes of this Report, any expenditure made for the purpose of achieving a multi-state effect shall be apportioned equally among those states.

Excluding lobbyist compensation (which is reported under 5), state the aggregate total of expenses paid directly by the employer to third party vendors, for the purpose of influencing legislative or administrative action through public opinion or grassroots action **in the State of Tennessee.** These expenditures include, but are not limited to, costs relating to printing, publishing, advertising, broadcasting, paid announcements, audiotapes, videotapes, compact discs, digital video discs, infomercials, rallies, demonstrations, seminars, lectures, conferences, postage, telephone related costs, internet services, public relations services, governmental relations services, polling services, travel expenses, grants to issue groups or grassroots organizations or any other expense incurred lobbying. **Authority: T.C.A. § 3-6-303(a)(2)(A)-(K). (Check the appropriate box.)**

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Less than \$10,000
<input type="checkbox"/> At least \$10,000 but less than \$25,000	<input type="checkbox"/> At least \$25,000 but less than \$50,000
<input type="checkbox"/> At least \$50,000 but less than \$100,000	<input type="checkbox"/> At least \$100,000 but less than \$150,000
<input type="checkbox"/> At least \$150,000 but less than \$200,000	<input type="checkbox"/> At least \$200,000 but less than \$250,000
<input type="checkbox"/> At least \$250,000 but less than \$300,000	<input type="checkbox"/> At least \$300,000 but less than \$350,000
<input type="checkbox"/> At least \$350,000 but less than \$400,000	<input type="checkbox"/> \$400,000 or more, round the aggregate total to the nearest fifty thousand dollars (\$50,000): _____



8. **AGGREGATE TOTAL OF ALL IN-STATE EVENTS**

State the aggregate total amount of all employer expenditures for all in-State event(s) which was or should have been reported to the Commission pursuant to T.C.A. § 3-6-305(b)(8). **Authority: T.C.A. § 3-6-303(a)(3).**

0

9. **TO BE SIGNED BY REPORTING OFFICIAL (must be attested to by a witness)**

I certify that the information contained in this Report is true and that it is a complete and accurate report to the best of my knowledge, information and belief.

W Richard Reeves

11/5/07

Signature of Person Completing Report

Date

Print Name of Person: W RICHARD REEVES

I, the undersigned, acknowledge that I have reviewed the foregoing Report and certify that is complete and accurate to the best of my knowledge, information and belief.

W Richard Reeves CEO

11/5/07

Signature of CEO, CFO or Authorized Representative

Date

Print Name of Person: W RICHARD REEVES

I, Deanna L Harris, the undersigned, do hereby witness the above signature of the CEO,
(Printed Name of Witness) CFO or Authorized Representative, which was signed in my presence.

Deanna L. Harris

11/5/07

Signature of Witness

Date



FACSIMILE TRANSMISSION



TO: Barry Woody FAX LINE: 253 8704
FROM: Richard Reeves DATE: 11/16/07
RE: _____ CC: _____

NUMBER OF PAGES INCLUDING COVER: _____

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

COMMENTS:

Mr Barry Woody
This memo is to inform the
ethics commission that I no
longer have a contract with
Mr Johnny Hayes.
Sincerely
Richard Reeves

CONFIDENTIALITY NOTICE:

This Facsimile Transmission is intended only for the addressee shown above. It may contain information that is privileged, confidential or otherwise protected from disclosure. Any review, dissemination or use of this transmission or any of its contents by persons other than the addressee is strictly prohibited. If you received this fax in error, please call us immediately upon receipt and return the facsimile documents, by first class mail, to the address below. Thank you for your cooperation.

Murfreesboro Pharmaceutical Nursing Supply
1843 Memorial Boulevard
Murfreesboro, TN 37129

Office: 615.895.2492
Fax: 615.896.8720
Tennessee Watts: 1.800.223.4063
National Watts: 1.800.345.5308